

## **Disability Insurance - Medicare Supplement**

<b>Medicare Supplement</b>
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- NAIC UNIFORM TRANSMITTAL FORM
- Policy
- Group Contract and Certificate - for group policy only
- Riders and endorsements, if applicable
- John Doe Applications
- Premium Rates
- Actuarial Memorandum signed by Qualified Actuary
- Replacement Forms (WAC 284-66-130(4) and WAC 284-66-142)
- Non-Duplication with Medicare Notices (WAC 284-66-135)
- Commission Schedule Agreement (WAC 284-66-350(1))
- Outline of Coverage (WAC 284-66-080 and WAC 284-66-092)
- Notice of Changes, if applicable (WAC 284-66-160)

If you have any questions regarding the filing requirements for Medicare Supplement products, please e-mail [RichardE@oic.wa.gov](mailto:RichardE@oic.wa.gov).